

IMPORTANT

Remember to include your e-mail address when completing your application.

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

E-Mail:



GEORGIA BOARD OF NURSING

Professional Licensing Boards Division
P.O. Box 13446
Macon, Georgia 31208
Telephone: (478) 207-2440
Fax: (478) 207-1660
Web Site: www.sos.georgia.gov/plb/rn

Information Sheet for Licensure by Exam for International Graduates who have previously been made eligible for NCLEX-RN by the Georgia Board of Nursing Registered Professional Nurse

RN APPLICATION FOR LICENSURE BY EXAM-REPEAT INTERNATIONAL: GENERAL INFORMATION

The following instructions are provided to assist you in completing your application for licensure by exam (NCLEX). Read all instructions carefully and respond to each question on your application. A question that is not applicable should be responded to as N/A. For assistance, phone (478) 207-2440.

You are responsible for ensuring that all information required to apply for licensure by examination is received by Georgia Board of Nursing (the "Board"). Assistance with the application process by any third party will in no way lessen your responsibility. Failure to follow procedures may delay your eligibility to take the NCLEX-RN (National Council Licensure Examination for Registered Nurses).

APPLICATION INSTRUCTIONS

Legal Name: You must always use the same form of your name. Do not change the spelling and do not change the order of your names. Use the same form of your name on your licensure application to the Board of Nursing, and on your NCLEX examination registration form. Your Picture Identification that you will present at the test center must match the name on your licensure application. **If your name changes during the application process, please request the name change in writing and provide the appropriate legal documents to support the change.**

U.S. Social Security Number: This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes. If you do not have a U.S. Social Security Number, please send a copy of the social security card when a number has been issued to you.

Other Names Previously Used: Indicate every name you have used on official documents since birth other than the one under which you are now applying.

Board Disciplinary Actions/Legal Convictions: If you must respond "yes" to Question 13 (A) and (B) include the certified copies in an envelope sealed by the court or agency involved with the application. Be sure to include the notarized explanation of each offense with the application. **NOTE: The consent form for a background check attached must be completed, signed and returned with your application and supporting documents.**

APPLICATION FEE

The nonrefundable application fee of \$40.00 (US funds) in the form of a certified check, cashier's check or money order made payable to: Georgia Board of Nursing must be submitted with the application. Personal checks, drawn on a US bank account, are acceptable.

DISABILITY

If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES. Please be aware that this request may extend the application process for an additional 40-60 days to obtain the necessary approvals.

NCLEX-RN REGISTRATION

In addition to applying for licensure to Georgia Board of Nursing, you must register and pay the examination fee to the testing service for each time you take the examination. You can link to the Candidate Bulletin at www.ncsbn.org. You can register with the testing service online at www.pearsonvue.com/nclex. Entering the correct school code is critical, do not leave blank or enter the wrong code for your educational program. NOTE: It may be different for the same school if the school has two types of educational programs. Please be sure to enter the correct country code.

EXAMINATION RESULTS

Your examination results will be sent to the mailing address indicated on your application. Notify us immediately in writing if you have an address change or name change. The name change requires legal documents. NO EXAMINATION RESULTS WILL BE GIVEN BY TELEPHONE FROM GEORGIA BOARD OF NURSING. Score results will be mailed approximately (1) one month after the examination.

DISCIPLINARY REVIEW

A passing score does not ensure licensure. If you answered yes to the Legal/Discipline question your application is subject to Board Review.

TO RE-APPLY

If you do not pass the NCLEX-RN, you may contact the Georgia Board of Nursing at (478) 207-2440 for a new application or access the web site for a new Application for Licensure by Exam for International Graduates - Repeat to reapply.

TIME LIMIT ON PASSING NCLEX-RN

You must pass the NCLEX-RN within a three (3) year period from the date of your graduation (graduates of U.S. nursing education programs) or from your date of eligibility (graduates of international nursing education programs). For further information, contact the Board office.

LICENSURE

When you pass the NCLEX-RN and are approved for licensure, you will be issued a wallet-sized pocket card/license. The license will display your permanent Georgia registration number that is preceded by the letters "RN". This number must be used on all correspondence addressed to the Board and will not change during one's lifetime.

You must not engage in any "licensed" activities or work in any position that requires RN licensure or commence orientation for any position that requires RN licensure in Georgia until you have received your RN license. Graduate Nurse status is not available.

RENEWAL

Note the date your license will expire upon receipt. A renewal notice will be mailed to your last known address prior to the expiration of your license. Failure to receive a renewal notice will in no way relieve your legal obligation to renew your license prior to the expiration date. All licenses issued within 90 days of the current expiration will be issued licenses that have an expiration date at least two years in the future. **NOTE:** Any licenses issued prior to 90 days from the expiration date will only be issued a license with the current expiration date.

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA BOARD OF NURSING

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440

www.sos.georgia.gov/plb/rn

APPLICATION FOR LICENSURE BY REPEAT EXAMINATION FOR GRADUATES OF INTERNATIONAL NURSING PROGRAMS

License Type: (X) Initial RN

Method Obtained by:

() Repeat Examination International Graduate

Part I: Personal Information:

1. Legal Name to appear on License:

LAST FIRST MIDDLE MAIDEN

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

LAST FIRST MIDDLE MAIDEN

3. Social Security #: _____ Date of Birth: M M - D D - Y Y Y Y

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

4. Gender: ☐ Male ☐ Female Race: _____ Ethnicity: _____ (Hispanic or Latino) _____ (Not Hispanic or Latino)

5. Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

6. Mailing

Address:

(*ADDRESS WILL APPEAR ON WEBSITE) NUMBER AND STREET (P.O. BOX ACCEPTABLE)

APT #

CITY

STATE

ZIP

7. Daytime Phone #:

Evening Phone #:

8. E-mail Address: _____ Fax Number: _____

9. ☐ I am a U.S. citizen ☐ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, **DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**, and provide required documentation.

10. Country of Birth: _____

You must immediately notify the Board in writing of address changes. *Pursuant to O.C.G.A. 43-1-2 (k) your name, mailing address and license number are public information.

EDUCATION INFORMATION

11. Nursing Program:

	Name of School	Country
Date Graduated: _____ (Month/Year)	Nursing Education Program Code _____ (Obtain from NCLEX Candidate Bulletin)	

12. Nursing Degree Conferred:

- ☐ Associate Degree in Nursing
- ☐ Diploma
- ☐ Bachelor of Science in Nursing
- ☐ Master's Degree in Nursing
- ☐ Doctoral Degree in Nursing
- ☐ Other (please specify) _____

PREVIOUS APPLICATION INFORMATION

13. Have you ever previously applied to take a licensing examination to become a registered nurse in this or any other state/territory? ☐ No ☐ Yes

If Yes, in which state(s) have you taken the National Council Licensure Examination (NCLEX-RN)? Use additional sheets of paper if needed. Record your name and SSN (if available) on each additional sheet of paper.

State	Date	State	Date

PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION

14. Board Disciplinary Actions/Legal Convictions: Answer ALL Questions:

A. Since your previous application, have you ever been arrested, convicted, sentenced, plead guilty, plead nolo contendere or given first offender status which is: (a) a misdemeanor; (b) a felony; (c) a crime involving moral turpitude; (d) a crime violating a federal law involving controlled substances, dangerous drugs or a DUI /DWI; (e) any offense other than a minor traffic violation? **Note: Even if probation completed.**

☐ No Yes ☐

If "yes", have you included a **certified copy** of the court records and final disposition in a **sealed envelope from the court** with your application?

☐ No Yes ☐

Have you included a **personal, detailed notarized letter** explaining each incident? ☐ No Yes ☐

B. Since your previous application, has any licensing board or agency in Georgia or any other state ever:

(a) denied your application, for licensure, renewal or reinstatement? ☐ No Yes ☐

(b) revoked, suspended, restricted or probated your license? ☐ No Yes ☐

(c) requested or accepted surrender of your license? ☐ No Yes ☐

(d) reprimanded, fined or disciplined you? ☐ No Yes ☐

C. Since your previous application, have you failed to renew a license, certification or registration during an investigation against you by a licensing board or other agency?

No Yes

D. Since your previous application, is there any disciplinary action or investigation pending against you by any licensing board, agency, or national certifying organization?

No

Yes

If "yes", have you included a **certified copy** of that board or agency's action against your license with Relevant supporting documents in a **sealed envelope from the board or agency** with your application?

☐ No

Yes ☐

Have you included a **personal, detailed notarized letter** explaining each incident? ☐ No Yes ☐

Provide the name of the agency or board in the space provided.

Name of agency or board

EMPLOYMENT AS A REGISTERED NURSE

15. Have you been employed as a registered nurse for compensation for at least three (3) months or 500 hours within the four (4) years immediately preceding the date of this application?

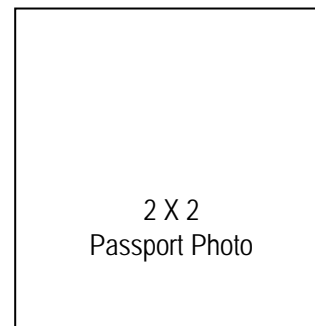
Yes ☐ No ☐

If yes, please provide the information requested. No resumes please.

Employer's Name Street Address City / State/Zip	Position Title	RN Position		Dates (month/year)	
		Yes	No	From	To

PASSPORT PHOTO

16. **Passport Photograph:** Please provide one recent (within the last six (6) months) passport photograph of yourself to fit the space on the right. Show head and shoulders only. Sign the bottom of the photograph. Tape top-side only of passport photograph to the application.



RELEASE OF CONFIDENTIAL APPLICATION INFORMATION

17. I hereby authorize _____

Individual/Recruiter

Address

to act on my behalf as my agent for the purpose of communicating the status of my application. (This is not required, if not applicable.)

CERTIFICATION BY APPLICANT

18. I hereby certify that I have read the Statutory provisions, and the Rules of the Georgia Board of Nursing available by written request (fee required) or at the Georgia Board of Nursing official web site. Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connections with, my application may be cause for denial or loss of licensure. Georgia Board of Nursing is hereby authorized to request any criminal history record information concerning me from any state or local criminal justice agency.

Date Application Submitted

Signature of Applicant

Mail this form and fee to: Professional Licensing Boards Division, Georgia Board of Nursing , P. O. Box 13446, Macon, GA 31208. DO NOT SEND CASH. Make certified check or money order (US funds) payable to the Georgia Board of Nursing.

Have you...

- | | |
|---|---|
| <input type="checkbox"/> Enclosed a \$40.00 non-refundable application fee. (U.S. Funds) | <input type="checkbox"/> Answered every questions or indicated "Not Applicable"? |
| <input type="checkbox"/> Have you paid the fee and registered with the testing service for <u>this</u> NCLEX-RN examination? If not, do so promptly. | <input type="checkbox"/> Included <u>all</u> your previous names ever used? |
| <input type="checkbox"/> Is the name you registered with the test service <u>exactly</u> as you have listed it on your licensure examination application? | <input type="checkbox"/> Have you determined that you have remained eligible (i.e. three (3) years from the date you were made eligible for the first time to take the NCLEX-RN in any state or territory)? |

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12 (a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

(Applicant's Signature)

(Date)



OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF NURSING
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I authorize the **Georgia Board of Nursing** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)

